

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FIGHT RIGHT INC			FEC IDENTIFICATION NUMBER ▼ C C00857011	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Ax Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2023		
Mailing Address 800 W 47TH ST, STE 200		Amount 960000.00		
City KANSAS CITY	State MO	Zip Code 64112	Transaction ID : SE.1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2023	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type		
Name of Federal Candidate HALEY, NIKKI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		960000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Prime Media Partners, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2023		
Mailing Address 4201 WILSON BLVD #110-126		Amount 9817.00		
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : SE.2 Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2023	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type		
Name of Federal Candidate HALEY, NIKKI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		969817.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		969817.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		969817.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MELTON, KAYLEN, , , Signature		Date MM / DD / YYYY 11 / 25 / 2023		